

Certificate Number

Approved by:

Date:

ORIGINAL APPLICATION FOR DRIVER EDUCATION PROVIDER CERTIFICATE

1. PROVIDER INFORMATION					
Provider Name (include any assumed names or corporation names)				County	
Street Address (RR or PO Box numbers alone will not be accepted. The actual location must be identified.)				City, State, Zip	
Office Days / Hours		Office Phone ()		Office Fax ()	
Is school open all year? <input type="checkbox"/> Yes <input type="checkbox"/> No		If NO, list when closed.		E-mail Address	
				Is there a classroom at this location? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. BUSINESS TYPE (If applicable, submit copies of business documents – assumed name filing, partnership agreement, Articles of Incorporation, or Articles of Organization)					
<input type="checkbox"/> Sole Owner (one person or husband/wife)		<input type="checkbox"/> Partnership (two or more persons or husband/wife)		<input type="checkbox"/> Corporation <input type="checkbox"/> LLC	
				<input type="checkbox"/> Educational Institution <input type="checkbox"/> Governmental Agency	
3. CERTIFICATE CLASSIFICATIONS AND APPLICATION FEES					
<input type="checkbox"/> Automobile Driver Education Provider		\$225		Educational institutions and governmental agencies are exempt from provider certification application processing fees.	
<input type="checkbox"/> Truck Driver Education Provider		\$360			
4. PROGRAM INFORMATION					
Indicate the type of program(s) offered:					
		<input type="checkbox"/> Teen (14.8-18)		<input type="checkbox"/> Adult (18+)	
				<input type="checkbox"/> Truck	
5. CLASSROOM / MULTIPLE VEHICLE DRIVING FACILITY (RANGE) A Classroom Approval / Fire Marshal Verification form must be completed and submitted for each classroom location.					
If providing teen instruction, is a multiple vehicle driving facility (range) used? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If YES, refer to the enclosed range information sheet.					
6. DESIGNATED REPRESENTATIVE / COORDINATOR INFORMATION					
Full Name			Home Phone ()		Date of Birth
					SSN
Street Address			City, State, Zip		
7. OWNER, PARTNER, OFFICER, DIRECTOR INFORMATION (attach additional sheets as necessary to list all owners, partners, officers, or directors) DOES NOT APPLY TO EDUCATIONAL INSTITUTIONS OR GOVERNMENTAL AGENCIES					
Full Name			Home Phone ()		Date of Birth
					SSN
Street Address			City, State, Zip		
Full Name			Home Phone ()		Date of Birth
					SSN
Street Address			City, State, Zip		
Is anyone listed in Item 7 an out-of-state resident?			If YES, is the driver education provider certified in the state of residence?		
<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No If YES, submit a copy of the provider certificate (license) issued by the state of residence.		

Mail application, fees, and supporting documentation to:

Michigan Department of State
Licensing Unit
Lansing, MI 48918

DEPARTMENT USE ONLY

8. PERSONAL HISTORY: REPRESENTATIVE / COORDINATOR, OWNER, PARTNER, OFFICER, DIRECTOR

- a. Have any of the individuals listed in Items 6 and 7 been refused the issuance of a provider or instructor certificate (license), or had a provider or instructor certificate (license) revoked or suspended in Michigan or any other state?
☐ Yes ☐ No If **YES**, give the name(s) of the individual(s) involved and complete details on a separate sheet.
- b. Have any of the individuals listed in Items 6 and 7 ever been arrested or convicted of a crime?
☐ Yes ☐ No If **YES**, give the name(s) of the individual(s) involved and complete details on a separate sheet. Include the arresting police agency, court of jurisdiction, conviction (if applicable), date of conviction, and case number (if known).
- c. For individuals listed in Items 6 and 7, provide names, addresses, and telephone numbers of employers for the **past two years**. Include the job title and dates of employment for each individual. If self-employed, list name and address of each business and type of business. If unemployed, list individual's name, write UNEMPLOYED in the Employer Name, and list the dates of unemployment. Use a separate sheet, if necessary.

Full Name	Employer Name	
Employer Address		Employer Phone ()
Job Title	Dates Employed From: To:	
Full Name	Employer Name	
Employer Address		Employer Phone ()
Job Title	Dates Employed From: To:	
Full Name	Employer Name	
Employer Address		Employer Phone ()
Job Title	Dates Employed From: To:	

9. SIGNATURES AND CERTIFICATIONS (each individual listed in Items 6 and 7 must sign below)

Educational Institutions: Superintendent or administrator must sign.

Governmental Agencies: Authorized official must sign.

Any misleading, incomplete, or false statement may be grounds for denial of this application, or suspension or revocation of the certificate issued.

- I/we hereby grant the licensing authority in any state or jurisdiction listed in this application authority to release information concerning any previous certificate (license) applications, certificate (license) history, and disciplinary actions or sanctions to the Department of State.
- I/we hereby grant any employers named in this application authority to release information concerning my/our employment history to the Department of State.
- I/we hereby certify that the business named in this application maintains, and will maintain records as required by law once a certificate is issued.
- I/we stipulate and agree that any legal process affecting this business served on the Department of State shall have the same effect as if personally served on me/us. I/we agree that this appointment shall remain in force as long as I/we have any outstanding liability within this state by the authority of 2006 PA 384.
- I/we hereby certify that the persons named in this application are not acting as the alter ego, in the place of, or on behalf of, any other person or persons in seeking this certificate.
- I/we hereby affirm that the established office location meets all applicable zoning and municipality requirements.
- I/we hereby certify that individuals listed in Items 6 and 7 do not have a pending criminal matter or an outstanding arrest, warrant, or conviction since submitting a request for a criminal history check.
- I/we authorize the Department of State to receive and review the criminal history of the individuals listed in Items 6 and 7 obtained from the Michigan State Police and the FBI.
- I/we, the applicants named herein, hereby certify that the statements contained in this application are true to the best of my/our knowledge and belief.

Printed Name	Signature	Title	Date
Printed Name	Signature	Title	Date
Printed Name	Signature	Title	Date